

High-School **Spring** Retreat 2008



**Permission Form  
Parental/Guardian Authorizations**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in an event sponsored by Holy Cross

Name of the event: **Holy Cross High-School Spring Retreat**

**Where: Camp Dickson Valley**

Date and starting time: **Friday, April 4th leave from HC at 7:30 PM**

Date and end of retreat: **Sunday, April 6th 3:30 PM (back by 5:00)**

Transportation: **Coach Bus**

Student cost: **\$75.00.**

**Deadline: Friday, March 21st or when full**

Please call the office if you have any questions.

879-4751 ext 111

I hereby consent to participation by my teen \_\_\_\_\_ in grade \_\_\_\_\_ in the event described above. I understand that this event will take place off the parish premises and that my teen will be under adult supervision. I hereby release and indemnify the Religious Education Program, its staff, volunteers and Holy Cross Church in Batavia, IL. and the Catholic Bishop of Rockford, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my teen's participation in this event. I grant permission to the people in charge of this event to make the necessary referrals to qualified physicians for treatment of illness or accident. In case of medical emergency, I understand that every effort will be made to promptly contact the parent or guardian. In the event I can not be reached, I hereby give permission to the physician selected by the adult staff to hospitalize and/or secure proper treatment, if deemed necessary for my child. We will also make use for promotional and reflective purposes pictures and video, that will be made available, for example on our parish website and in Donovan Hall, for the teens, family, friends and the parish to remember and promote this experience.

Signature of Parent/Guardian \_\_\_\_\_

Print Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address, City \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Policy in the name of: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Social Security #: \_\_\_\_\_

\*\*\*\*\*

Please Circle how you may be available to serve: Shirt size of Teen: \_\_\_\_\_  
(Retreat Chaperone) (Prayer Warrior before and during Retreat) (Provide Snacks)

I would like to help defray the cost of our retreats with a donation \$ \_\_\_\_\_

Should you not be able to afford the cost of this retreat, please enclose what is affordable to you.